

# ENDOMETRIAL HYPERPLASIA

## (Adenomatous Hyperplasia of the Uterus)



### BASIC INFORMATION

#### DESCRIPTION

An overgrowth of tissue in the endometrium (inner lining of the uterus). This is not cancerous, but some hyperplasia, even though reversible, is considered premalignant. Terms used to describe the hyperplasia (simple, complex, adenomatous and atypical) help explain its premalignant potential.

#### FREQUENT SIGNS AND SYMPTOMS

- Bleeding between normal menstrual periods.
- Heavy menstrual flow (saturating a tampon or pad once every hour).
- Bleeding after menopause.
- Vaginal discharge.
- Lower abdominal cramps occur in some patients.

#### CAUSES

Excessive estrogen (a female hormone) as compared with the amount of progesterone (another female hormone). This excess is caused internally or from the use of hormone-containing medications. Endometrial hyperplasia rarely occurs in women who have a normal menstrual cycle.

#### RISK INCREASES WITH

- Use of oral contraceptives or estrogen replacement therapy (after menopause) without the addition of a progesterone drug.
- History of chronic anovulation such as with polycystic ovary disease.
- Obesity in postmenopausal women.
- Late menopause (over age 55).

#### PREVENTIVE MEASURES

No specific preventive measures.

#### POSSIBLE COMPLICATIONS

- Perforation of the uterus and abdominal pelvic infection as a rare complication of surgery (endometrial biopsy, D & C or hysteroscopy).
- Excessive uncontrollable bleeding.
- Confirmation that the hyperplasia is precancerous.

#### EXPECTED OUTCOMES

- In most cases, hormonal treatment with a progesterone (progestin) will reverse the hyperplasia caused by the excess estrogen.
- In other cases, it is often curable with D & C (dilatation and curettage) or hysterectomy. If a woman chooses not to have surgery, hormone therapy usually controls symptoms.



### TREATMENT

#### GENERAL MEASURES

- Diagnostic tests may include laboratory studies, such as blood tests of hormone levels and Pap smear. An endometrial biopsy and a D & C (dilatation and curettage) as a treatment and to obtain tissue for microscopic examination (biopsy) to rule out malignancy may be necessary.
- Treatment will be individualized based on the medical tests findings, your age, and your reproductive desires.
- Occasionally a hysterectomy (surgery to remove the uterus) is performed.
- Try to reduce psychological stress that can complicate your illness and delay your recovery. If you can't resolve the stress, ask for help from family, friends or competent counselors.
- Use heat to relieve pain. Place a heating pad or hot-water bottle on your abdomen or back.
- Take frequent hot baths to relax muscles and relieve discomfort. Sit in a tub of hot water for 10 to 15 minutes.

#### MEDICATIONS

- Progesterone (progestin), a female hormone, is often prescribed.
- Avoid aspirin because it may increase bleeding.

#### ACTIVITY

- No restrictions unless you have surgery. Then resume your activities gradually.
- You may resume sexual relations once medical clearance is given.

#### DIET

Usually, no special diet is required. If you are overweight, a weight reduction plan might help regulate cycles and decrease estrogen in the body.



### NOTIFY OUR OFFICE IF

- You or a family member has symptoms of endometrial hyperplasia.
- The following symptoms occur during hormone treatment or after surgery or D & C:
  - Excessive bleeding (saturating more than 1 pad or tampon every hour).
  - Signs of infection, such as fever, pain, a general ill feeling, headache, dizziness or muscle aches.
- New, unexplained symptoms develop. Hormones used in treatment may produce side effects